

EXPIRATION DATE		NUMBER OF REG. MONTHS		<div>PRINT WITH INK OR USE TYPEWRITER</div> <div>MICHIGAN DEPARTMENT OF STATE</div> <div>INTERNATIONAL REGISTRATION PLAN</div> <div>SCHEDULE A (ORIGINAL OR SCHEDULE C (SUPPLEMENT))</div> <div>CUSTOMER PLEASE CHECK</div> <div><input type="checkbox"/> ORIGINAL <input type="checkbox"/> SUPPLEMENTAL <input type="checkbox"/> RENEWAL</div>		<div>CUSTOMER PLEASE CHECK</div> <div><input type="checkbox"/> NEW VEHICLE ONLY <input type="checkbox"/> LICENSE TRANSFER WITH WEIGHT INCREASE</div> <div><input type="checkbox"/> LICENSE TRANSFER <input type="checkbox"/> INCREASE WEIGHT ON VEHICLE ORIGINALLY</div> <div><input type="checkbox"/> DELETE ONLY <input type="checkbox"/> LICENSED AT A LOWER WEIGHT</div> <div><input type="checkbox"/> CORRECT INFORMATION <input type="checkbox"/> LOST OR STOLEN</div> <div><input type="checkbox"/> STATE ADDITIONS <input type="checkbox"/> PLATE <input type="checkbox"/> CAB CARD <input type="checkbox"/> YEAR TAB</div>			
ACCOUNT NUMBER		SUPP. NUMBER						LICENSE YEAR	
MI		NAME OF REGISTRANT							
BUSINESS LOCATION (Do Not Use P.O. Box, Must Be In Michigan)						PERSON TO CONTACT REGARDING APPLICATION			
CITY	COUNTY	STATE	ZIP CODE	MAILING ADDRESS		CITY	STATE	ZIP CODE	PHONE NUMBER
						())		FAX NUMBER ())	

UNITS LISTED ON THIS PAGE WILL BE AUTHORIZED TO OPERATE IN THE JURISDICTIONS AND AT THE WEIGHTS LISTED BELOW. USE SEPARATE PAGE(S) FOR ANY VEHICLES WITH A WEIGHT DIFFERENCE IN ANY JURISDICTION. WEIGHT WILL BE PRINTED ON THE CAB CARDS FOR ALL UNITS

WEIGHT INFORMATION

AL (Alabama)	AR (Arkansas)	AZ (Arizona)	CA (California)	CO (Colorado)	CT (Connecticut)	DE (Delaware)	FL (Florida)	GA (Georgia)	IA (Iowa)	ID (Idaho)	IL (Illinois)
IN (Indiana)	KS (Kansas)	KY (Kentucky)	LA (Louisiana)	MA (Massachusetts)	MD (Maryland)	ME (Maine)	MN (Minnesota)	MO (Missouri)	MS (Mississippi)	MT (Montana)	NC (North Carolina)
ND (North Dakota)	NE (Nebraska)	NH (New Hampshire)	NJ (New Jersey)	NM (New Mexico)	NV (Nevada)	NY (New York)	OK (Oklahoma)	OR (Oregon)	PA (Pennsylvania)	RI (Rhode Island)	SC (South Carolina)
SD (South Dakota)	TN (Tennessee)	TX (Texas)	UT (Utah)	VA (Virginia)	VT (Vermont)	WA (Washington)	WV (West Virginia)	WY (Wyoming)	AB (Alberta)	BC (British Columbia)	MB (Manitoba)
NB (New Brunswick)	NF (Newfoundland)	NS (Nova Scotia)	ON (Ontario)	PE (Prince Edward Is.)	QC (Quebec)	SK (Saskatchewan)					

VEHICLE INFORMATION										WEIGHT GROUP									
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18		
Owner Equipment (unit) Number	Y E A R	Make of Vehicle	Vehicle Identification Number (as shown on title)	* T Y P E	A X L E S	CO IND	Unladen Weight	** F U E L	Combined or Gross Weight	Purchase Price of Vehicle	Factory Price	Date of Purchase Mo/Da/Yr	Date of Lease Mo/Da/Yr	Names of Owner(s) (as it appears on title)	Horse Power (Buses Only)	State Titled In	*** Current License Plate Number	Jurisdiction Vehicles Previously Registered In	

DELETIONS							WEIGHT GROUP						
1 Owner Equipment (unit) Number	2 Y E A R	3 Make of Vehicle	4 Vehicle Identification Number (as shown on title)	5 Combined or Gross Weight	6 Replaced Equipment (unit) Number	7 Reason Removed	Column Number 5 *TYPE TT -TRUCK TRACTOR TR -TRACTOR TK -SINGLE TRUCK RT -ROAD TRACTOR MT -MOBILE HOME TOTER BS -BUS CG -CONVERTER GEAR DB -DOUBLE BOTTOM FT -FULL TRAILER ST -SEMI TRAILER WR -WRECKER	Column Number 9 **FUEL D -Diesel G -Gas P -Propane	Column Number 18 ***CURRENT LICENSE Write the plate number of the deleted unit if you wish to transfer plate.	DATE STAMP			
										The undersigned certifies that information furnished in this application and the attached schedule are true and correct DATE SIGNED SIGNATURE			

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ACCOUNT NUMBER	FLEET NUMBER	SUPP. NUMBER	LICENSE YEAR										
MI													
NAME OF REGISTRANT													
BUSINESS LOCATION (Do Not Use P.O. Box, Must Be In Michigan)													
CITY	COUNTY	STATE	ZIP CODE	<div>CUSTOMER PLEASE CHECK</div> <div><input type="checkbox"/> ORIGINAL</div> <div><input type="checkbox"/> SUPPLEMENTAL</div> <div><input type="checkbox"/> RENEWAL</div> <div><input type="checkbox"/> NEW VEHICLE ONLY</div> <div><input type="checkbox"/> LICENSE TRANSFER</div> <div><input type="checkbox"/> LICENSE TRANSFER WITH WEIGHT INCREASE</div> <div><input type="checkbox"/> INCREASE WEIGHT ON VEHICLE ORIGINALLY LICENSED AT A LOWER WEIGHT</div> <div><input type="checkbox"/> DELETE ONLY</div> <div><input type="checkbox"/> CORRECT INFORMATION</div> <div><input type="checkbox"/> STATE ADDITIONS</div>									
MAILING ADDRESS													
CITY	COUNTY	STATE	ZIP CODE										
PERSON TO CONTACT REGARDING APPLICATION			PHONE NUMBER ()						FAX NUMBER ()				
DO NOT SHOW ACTUAL AND ESTIMATED MILES FOR THE SAME STATE (SEE INSTRUCTIONS FOR REPORTING MILEAGE). LIST MILEAGE IN EACH STATE IN WHICH THIS FLEET TRAVELED FOR THE PERIOD OF JULY 1 THRU JUNE 30 OF THE YEAR PRECEDING THE LICENSE FOR WHICH YOU ARE REGISTERING. † = IRP Jurisdictions						OPERATION INFORMATION							
(X)	STATE	ESTIMATED MILEAGE	ACTUAL MILEAGE	(X)	STATE	ESTIMATED MILEAGE	ACTUAL MILEAGE	(X)	STATE	ESTIMATED MILEAGE	ACTUAL MILEAGE	IFTA #	
AK (Alaska)					MI (Michigan) †				TX (Texas) †			Public Service No.	
AL (Alabama) †					MN (Minnesota) †				UT (Utah) †			Canadian Provincial Operating Authority No.	
AR (Arkansas) †					MO (Missouri) †				VA (Virginia) †			Federal ID No/Soc. Sec. No.	
AZ (Arizona) †					MS (Mississippi) †				VT (Vermont) †			Common Carrier Exempt Commodities:	
CA (California) †					MT (Montana) †				WA (Washington) †			<input type="checkbox"/> Livestock	
CO (Colorado) †					NC (North Carolina) †				WI (Wisconsin) †			<input type="checkbox"/> Grain	
CT (Connecticut) †					ND (North Dakota) †				WV (West Virginia) †			<input type="checkbox"/> Logs	
DC (District of Columbia) †					NE (Nebraska) †				*WY (Wyoming) †			<input type="checkbox"/> Sand, Rock or Gravel	
DE (Delaware) †					NH (New Hampshire) †				AB (Alberta) †			Other	
FL (Florida) †					NJ (New Jersey) †				BC (British Columbia) †			<input type="checkbox"/> Private	
GA (Georgia) †					NM (New Mexico) †				MB (Manitoba) †			<input type="checkbox"/> Haul for Hire	
IA (Iowa) †					NV (Nevada) †				MX (Mexico)			<input type="checkbox"/> Household Goods Carrier	
ID (Idaho) †					NY (New York) †				NB (New Brunswick) †			<input type="checkbox"/> Rental Company	
IL (Illinois) †					OH (Ohio) †				NF (Newfoundland) †				
IN (Indiana) †					OK (Oklahoma) †				NS (Nova Scotia) †				
KS (Kansas) †					OR (Oregon) †				NT (Northwest Territory)				
KY (Kentucky) †					PA (Pennsylvania) †				ON (Ontario) †				
LA (Louisiana) †					RI (Rhode Island) †				PE (Prince Edward Island) †				
MA (Massachusetts) †					SC (South Carolina) †				QC (Quebec) †				
MD (Maryland) †					SD (South Dakota) †				SK (Saskatchewan) †				
ME (Maine) †					TN (Tennessee) †				YT (Yukon)				
SIGNATURE (Applicant or Authorized Representative)						DATE SIGNED		MUST BE SIGNED		Customer certifies that information furnished in this application and the attached schedules are true and correct.			
IRP-B (04/01)												AUTHORITY GRANTED BY ACT 124 P.A. 1960, AS AMENDED	